



## SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

### COMMUNITY FIRST CHOICE Policy Manual

**Section: ELIGIBILITY FOR SERVICES**

**Subject: Switch in Options**

#### PURPOSE

This policy is designed to provide a standard protocol for provider agencies to use when a member decides to switch program option. There are two types of program options: self-directed (SD) and agency-based (AB) option.

Note: Refer to SD-CFC/PAS 412 for details specific to changing provider agencies. A switch in option and switch in agency may occur at the same time.

#### PROCEDURE: AB TO SD

1. SD provider agency receives a request from the Member/Personal Representative (PR) asking to change from Agency Based to SD service option.
2. SD provider agency instructs member/PR to contact Mountain Pacific Quality Health (MPQH) to request change in option. If member/PR is unable to contact MPQH the agency must fax the Referral form (SLTC-154) to MPQH and mark the "Change in Option" box.
3. SD provider instructs the member/PR to notify previous agency of their intent to switch option (if applicable). If member/PR is not comfortable making this contact the SD agency should notify the AB agency.
4. MPQH enters the referral information into database and sends basic program information on SD option to the member/PR.
5. MPQH nurse coordinator determines whether an onsite visit is necessary to complete the capacity addendum for state plan services.
  - a. MPQH completes the capacity, SD services are authorized, and the new Service Profile is forwarded to the SD agency.
    - i. The SD agency is entered into the database.

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- b. If the capacity addendum determines the member/PR does not meet capacity, a referral is made to the referring SD agency for follow-up education and CFC/PAS service continue through the AB option. The SD agency may contact the RPO for assistance with education.
  - i. MPQH will repeat the capacity screen after the SD provider provides education. If the member/PR meets capacity the new Service Profile is sent to the SD agency. If the member/PR does not meet capacity MPQH will send a denial notice to the member/PR.
- 6. The SD agency provider must contact the AB provider once an intake date is scheduled to coordinate the date of transition and ensure continuity of care.
- 7. SD agency may initiate SD CFC/PAS services once they receive the MPQH Service Profile and complete all the required intake documentation (Refer to SD-CFC/PAS 411).
- 8. The AB provider must complete the Discharge form (SLTC-158) once the transition occurs.

**PROCEDURE:  
SD TO AB**

- 1. AB provider agency receives a request from the member asking to change from Self-Directed to Agency-Based Services.
- 2. AB provider agency must fax the Referral form (SLTC-154) to MPQH and mark the "Change in Option" box.
- 3. MPQH enters referral information into database.
- 4. MPQH reviews profile and removes any health maintenance activities.
- 5. MPQH forwards Overview and Service Profile to the AB agency and enters change of agency into database.
- 6. The AB agency must contact the SD agency once an intake date is scheduled to coordinate the date of transition and ensure continuity of care.

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7. Member may begin AB CFC/PAS services when all required intake documentation is completed (Refer to AB-CFC/PAS 411).
8. The SD provider must complete the Discharge form (SLTC-158) once the transition occurs.